

BAKER BOTTS L.L.P.

FILE NO.: A32562 - 070050.1370

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COUPLER-MULTIPLEXER PERMUTATION SWITCH

This	declarati	on is of the following type:
	[x]	Original
	[]	Design
	[]	national stage of PCT.
		Divisional
	[]	Continuation
	Ō	continuation-in-part (C-I-P)
(a) (b)	[] is a [x] w	ion of which: (complete (a), (b), or (c)) attached hereto. as filed on April 20, 2001 as Application Serial No. 09/838,862 and was amended on n/a policable).
(c)	[] wa	s described and claimed in PCT International Application No. filed on and was amended on blicable).
		Acknowledgement of Review of Papers and Duty of Candor
	I here	by state that I have reviewed and understand the contents of the above identified specification,

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

[] In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e)

- (d) [X] no such applications have been filed.
- (e) [] such applications have been filed as follows:

BAKER BOTTS L.L.P.

FILE NO.: A32562 - 070050.1370

APPLICATION	` .		`		
COUNTRY	APPLICATION N	1	OF FILING nonth, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
					[] YES NO []
					[] YES NO []
					[] YES NO []
ALL FOREIGN APPL APPLICATION	ICATION[S], IF ANY, FIL	ED MORE THAN 1	12 MONTHS (6 MONTHS FOR DES	IGN) PRIOR TO SAID
					[] YES NO []
- Addison - Addi					[] YES NO []
					[] YES NO []
	Claim for Benefit of Ea complete this part only if				
(Application Serial No.) (Fi		(Filing Date	e)	Status (patented, pending, abandoned)	
		Power of A			01000 63 7
As a name	ed inventor, I hereby a L.L.P., with offices at	ppoint the pract	itioners at (Customer Number : Vork New York !	21003 of the firm (
prosecute this appl	lication and to transact a	all business in the	Patent and	Trademark Office of	onnected therewith.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID

SEND CORRESPONDENCE TO: BAKER BOTTS L.L.P.

30 ROCKEFELLER PLAZA

NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003 DIRECT TELEPHONE CALLS TO:

BAKER BOTTS L.L.P.

(212) 408-2500

BAKER BOTTS LLP. FILE NO.: A32562 - 070050.1370

I hereby declare that all statements made herein of my own knowledge are true and that all statements mede on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

TUIL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Ramadan	PIRST NAME Tarek	A.	
LESIDENCE & CITIZENSHIP	CITY Cairo	STATE or POREIGN COUNTRY Egypt	Egypt	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 12 Nakhla El Moteii St., Apt. 4, Heliopolis	City Caire	STATE or COUNTRY Egypt	ZIP CODE
DATE	SKINATURE OF INVENTOR			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME Richard	MIDDLE NAME	
INVENTOR, IF ANT RESIDENCE & CITIZENSHIP	Osgood, Jr.	STATE of POREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 345 Quaker St.	Chapaqua	STATE of COUNTRY	ZIP CODE 10514
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Scarmozzino	FIRST NAME Robert	MIDDLE NAME S.	
RESIDENCE & CITIZENSKIP	СПУ	STATE OF FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 9 Red Oak Lane	Cortinadt Manner	STATE OF COUNTRY	ZIP CODE 10567
DATE	SIGNATURE OF INVENTOR	•		

	Check proper box(es) for any added page(s) forming a part of this declaration
ĺ]	Delighe advantage of made of made of
	Signature for ninth and subsequent joint inventors. Runnier of pages Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
n	Number of pages added Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
ij	Number of pages added

BAKER BOTTS L.L.P.

FILE NO.: A32562 - 070050.1370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME		
OR FIRST INVENTOR	Ramadan	Tarek	A.		
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZEN	OF CITIZENSHIP	
	Cairo	Egypt	Egypt		
OST OFFICE	POST OFFICE ADDRESS	СПУ	STATE or COUNTRY	ZIP CODE	
ADDRESS	12 Nakhla El Moteii St., Apt. 4,	Cairo	Egypt		
	Heliopolis				
DATE	SIGNATURE OF INVENTOR				
THE NAME OF THESE POST	LAST NAME	FIRST NAME	MIDDLE NAME		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		Richard	MIDDLE NAME		
	Osgood, Jr.				
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	Chappaqua	New York	United States		
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE	
ADDRESS	345 Quaker St.	Chapaqua	NY	10514	
DATE	SIGNATURE OF INVENTOR				
FULL NAME OF SECOND	LAST NAME	FIRST NAME	MIDDLE NAME		
IOINT INVENTOR, IF ANY	Scarmozzino	Robert	S.		
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
RESIDENCE & CHIZENSHIP	Cortlandt Manner	New York	United States		
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE	
ADDRESS	9 Red Oak Lane	Cortlandt Manner	NY	10567	
DATE / / C	SIGNATURE OF INVENTOR	TOT THE STATE OF T	17.7	1	
DATE 8/17/06	SIGNATURE OF INVENTOR				

	Check proper ooxies) for any added page(s) forming a part of this declaration
[]	Signature for ninth and subsequent joint inventors. Number of pages added
ij	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
	Number of pages added
[]	Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
	Number of pages added

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Ramaden	FIRST NAME Tarek	MIDDLE NAME A.	
RESIDENCE & CITIZENSHII	PCITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZE	Neuro
	Cairo	Egypt	Egypt	מחפרה
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
ADDRESS	12 Nakhla El-Moteii St., Apt. 4,	Cairo	Egypt	ZIP CODI
	Heliopolis		LES Pt	
DATE	SIGNATURE OF INVENTOR			
, 200				
FULL NAME OF SECOND	LAST NAME	FIRST NAME	MIDDLE NAME	
OINT INVENTOR, IF ANY	Osgood, Jr.	Richard	M.	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY		
	Chappaqua	New York	COUNTRY OF CITIZENSHIP	
OST OFFICE	POST OFFICE ADDRESS	сту	United States	
DDRESS	345 Quaker St	Chappaqua	STATE or COUNTRY	ZIP CODE
PATE	SIGNATURE OF INVENTOR	Ciappaqua	NY	10514
, 200	1			
ULL NAME OF THIRD JOIN	······································			
oll name of third join Ventor, if any		FIRST NAME	MIDDLE NAME	
	Scarmozzino	Robert		
ESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZEN	NSHIP
	Cortlandt Manor	New York	United States	
OST OFFICE	POST OFFICE ADDRESS	ату	STATE or COUNTRY	ZIP CODE
DDRESS	9 Red Oak Lane	Cortlandt Manor	NY	10567
ATE ·	SIGNATURE OF INVENTOR	CONTRACT MEMOR	[14.1	10307
. 2005				
JLL NAME OF FOURTH		T		
ONT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
ESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
ST OFFICE DORESS	POST OFFICE ADDRESS	СПУ	STATE or COUNTRY	ZIP CODE
DUKESS				
TE	SIGNATURE OF INVENTOR			
·				
LL NAME OF FIFTH JOINT	LAST NAME	FIRST NAME	MIDDLE NAME	
VENTOR, IF ANY		THE THAT	MIUDLE NAME	
SIDENCE & CITIZENSHIP	CITY	CTATE - CONTINUE AND THE		
		STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENS	SHIP
ST OFFICE	POST OFFICE ADDRESS	СПУ		Tana -
DRESS		Cirr	STATE or COUNTRY	ZIP CODE
TE	SIGNATIBE OF DAYS			
T ===	SIGNATURE OF INVENTOR			
L NAME OF SIXTH JOINT	I ACT NAME		7	
ENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
IDENOE A CITICALITY				
IDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
	POST OFFICE ADDRESS	СТТҮ	STATE or COUNTRY	ZIP CODE
T OFFICE		1		1
T OFFICE DRESS			1	į.
	SIGNATURE OF INVENTOR			